					Application or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  69734973													
CLAIMS AS FILED - PART I (Column 1) (Column 2)						mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			39					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3 9 minus 20=		* 19			X\$ 9=	*	OR	X\$18=	345-66	
INDEPENDENT CLAIMS			minus 3 =		3			X40=		OR	X80=	7 40.0	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	<u></u>	+13:
* If	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	1427-00	
CLAIMS AS AMENDED - PART II OTHER THAN													
	and the second of the second o	(Column 1)		(Colu	mn 2) HEST	(Column 3)	. ;	SMALL		OR I I	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT	Anna Anna Anna	NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 34	Minus	** 3	9	=		X\$ 9=	\	OR	X\$18=		
	Independent	• 3	Minus	*** (	6	=	T	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					٧F	+135=		OR	+270=			
							L	TOTAL	<u> </u>	7-1	TOTAL		
		(Column 1)		(Colu	mn 2)	(Column 3)	ΑC	DDIT. FEE			ADDIT. FEE		
NDMENT B	1	CLAIMS	1 12 1	HIGI	HEST				ADDI-			· ADDI-	i
		REMAINING AFTER AMENDMENT	1	PREV	MBER OUSLY FOR	PRESENT EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AMEND	Independent	•	Minus	***		<u> -                                    </u>		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	I CLAIM			+135=		OR	+270=		
		٠				•		TOTAL			TOTAL		i
		(O = b in 4)		/Cale	···· 0\	(Column 2)	Αſ	DDIT. FEE			ADDIT. FEE	L	1
_		(Column 1) CLAIMS		HIG	imn 2) HEST	(Column 3)			ADDI-	]	<del> </del>	ADDI-	
AMENDMENT C	;. :	REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	ï	
	Independent	*	Minus	***		=		X40=			X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT O				IT CLAIM	IM				OR	<u> </u>	<del> </del>	ł
	If the entering and	mm d in lane than t	the entry in sel-	ımn 2 uri	to "O" in co	ntumn 3	L	+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09734973

## Total Fee Calculation

_	Fee Code	Total # Claims	Number Extra	X	Fee	Fee =
. <del></del> +-	Sm./Lg.		•	•	Sm. Entity	Lg. Entity
Basic Filing Fee Total Claims >20 Independent Claims >3 Mult. Dep Claim Present Surcharge	201/101 203/103 202/102 204/104 205/105	<u>39</u> -20 = <u>6</u> -3 =	-			342 240 
English Translation	139					•
TOTAL FEE CALCUL	ATION .			· ,		•
Fees due upon filing t	he application:		•	±.≱		•
Total Filing Fees Due	:= \$ <u> </u>	1,4.2.2	00	<del></del>		
Less Filing Fees Subr	nitted -\$					
BALANCE DUE	.=\$ <u></u>					•